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at to a collection of information unless it displays a valid OMB control number, se type a plus sign (+) Inside this box 🛶 🗶 Under the Paperwork Reduction Act of 1995, no persons are required to re Application Number 09/655,743 TRANSMITTAL Filing Date 9/06/2000 First Named Inventor **FORM** ALICE W. HOWE Group Art Unit (to be used for all correspondence after initial filing) 3711 **Examiner Name** Raleigh W. Chiu Attorney Docket Number Total Number of Peges in This Submission ENCLOSURES (check all that apply) After Allowance Communication Assignment Papers (for an Application) to Group Fee Transmittel Form Appeal Communication to Board of Appeals and Interferences Drawing(s) Fee Attached Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Licensing-related Papers Amendment / Reply Proprietary Information Petition to Convert to a Provisional Application Status Letter Power of Attorney, Revocation Change of Correspondence Address Affidavita/declaration(s) Other Enclosure(s) (please Identify below): Edension of Time Request Terminal Discialmer Express Abandonment Request Request for Refund Information Disclosure Statement CD, Number of CD(s). Certified Copy of Priority Document(8) Remarks Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT M. PAUL HENDRICKSON, Attorney for Applicant Individual name Signature 74. O.L. Hemen 10/19/2001 CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an emission addressed to: Commissioner for Patents, Washington, DC 20291 on this date: Signature

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FEE TRANSMITTAL lets If Known Application Number 09/655,743 for FY 2001 Filing Date 9/06/2000 First Named Inventor ALICE W. HOWE Examiner Name Raleigh W Group Art Unit TOTAL AMOUNT OF PAYMENT 3711 ©_{235.00} Attorney Docket No. MPH 99-46 METHOD OF PAYMENT FEE CALCULATION (continued) Stoner is here S and credit of 3. ADDITIONAL FEES Pee Fee Fee Fee Code (3) Code (3) Fee Paid 105 130 205 65 Applications of the PCFR 127 147 2.520 147 2.520 For Sing a requ 2 Page Check Credit card Money Order Other PEE CALCULATION 1. BASIC FILING FEE Large Entity Spend See Fee Fee Fee Fee Code (5) Code (5) 117 890 217 445 Fee Paid 101 710 201 355 Upaky 6 105 326 208 160 Denign filing fine 107 400 207 245 Plent filing too 108 710 208 355 Resistant filling feet 120 - 210 220 155 114 150 214 75 Providenal Resy Rec 121 270 221 136 SUBTOTAL (1) (3) 2 EXTRA CLASH FEES 110 240 63 142 1,260 -242 820 440 263 220 600 '264 200 122 -130 122 130 123 Processing the Under 57 CPR 1.17(d) 180 126 180 202 40 SUBTOTAL (2) SUBTOTAL (3) (3) 235,00 SUBSETTED BY M. Paul Hendrickson molal Hale 10-19-01

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